2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000009724

Entity Name: CULTURE COLLABORATIVE, INC.

Current Principal Place of Business:

3621 SW 3RD AVE
MIAMI, FL 33129

New Principal Place of Business:

3621 SW 3RD AVE
MIAMI, FL 33145

Current Mailing Address:

3621 SW 3RD AVE
MIAMI, FL 33129

New Mailing Address:

3621 SW 3RD AVE
MIAMI, FL 33145

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTADA, XAVIER
3621 SW 3RD AVE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

CORTADA, XAVIER
3621 SW 3RD AVE
MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VERRECCHIA, LEA
Address: 3572 VISTA COURT
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD ( ) Delete
Name: BAILEY, ANTHONY
Address: 2524 VIA RIVERA
City-St-Zip: PALOS VERDES ESTTES, CA 90274

Title: TD ( ) Delete
Name: CONE, OWEN
Address: 95 MERRICK WAY SUITE 360
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: MELTZ, JONATHAN
Address: 1900 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: CORTADA, XAVIER
Address: 3621 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CORTADA, XAVIER
Address: 3621 SW 3RD AVE
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: XAVIER CORTADA D 04/25/2005
Electronic Signature of Signing Officer or Director — Date